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ABSTRACT

This paper, written from an Australian perspective, examines the contribution of oral language disorders to the classroom performance of secondary students. Five brief case examples illustrate the effects of language disorders on social competence, ability to follow verbal instructions and routines, ability to cope with a bilingual background, and development of self-esteem. Suggestions for identifying language disorder in high school students are listed under the categories of: (1) problems with speaking and listening, (2) problems with school work, and (3) behavioral problems. Also offered are specific guidelines for modifying teacher talk to assist students with language disorders such as requesting feedback, slowing the rate of presentation, and encouraging students' seeking help and clarification. Suggestions for modifying classroom work to help students with language disorders include ways to make instructions explicit and to ensure that students complete tasks without experiencing failure. (Contains 13 references.) (DB)

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An invisible disability —

language disorders in high school students and the implications for classroom teachers

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What does 'language disorder' have to do with us? Given the current national and State focus on literacy, basic skills, core competencies, and broadening pathways, it clearly has a lot to do with us. This article is written by speech pathologists and it is important to state this at the outset, because speech pathologists use the word 'language' differently to teachers. In classrooms, language tends to refer to reading, writing, literature, advanced discussion skills such as debating, and so on. For speech pathologists however, language means the oral language system and the oral language environments in which that system is required to operate, including that of the classroom.

There are two ways in which this speech pathology view of language is relevant to high schools. Firstly, the language skills based on literacy require an underpinning of oral language development. This is especially so by the time of high school, when the language level of written and read material begins to equal and then exceed the spoken system in complexity. This point may seem obvious, but it is often the case that where disorders in language in the classroom sense appear (e.g. problems with reading, writing, debating, expressing logical reasoning, and so on), oral language skills are not examined for their potential cause or contribution to the *language* problem, when they may be of vital significance. In other words, such students may have a language disorder.

Case example 1 - John, Year 9

John's teacher found he was not coping academically. He could not seem to keep up with spoken or written instructions, did not ask for help and copied his classmates work. A WISC-III found his performance IQ score, which was normal, was 25 points higher than his verbal IQ score. A closer look at his oral language behaviour found that he overused words like 'them' and 'stuff' when he needed to use more precise vocabulary, used pronouns ('him' and 'her') when it wasn't clear to whom he was referring, took things literally (and thus was a playground target), and appeared to need cues from his conversational partner when deciding if he should smile or whether an answer to a question was acceptable. John was thus neither comprehending nor using oral language at a level needed for school.

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Secondly, most classroom teaching and learning, even at high school level, is conducted orally. Teachers talk through new material, give verbal instructions, students ask questions out loud to clarify points or find new information, feedback or roundup of material is most often given verbally, and so on. If there are problems with the oral language system (ie, language disorders), students will fail to learn and deal appropriately with this oral classroom environment.

Case example 2 - Scott, Year 7

Scott coped well enough with communication development until Year 2, when his persistent inability to follow teacher's verbal instructions began to become disruptive. This problem has continued. He fails to adapt his language style to the status and age of his listener and is thus often perceived as 'rude'. He appears constantly disorganised and often seems not to have grasped what he has just been told. Teachers say he is 'lazy' and 'does not pay attention'. He does not know the school routines even after a year, has never read very adequately and his ability to cope with school is decreasing as academic and organisational demands increase. Scott is typical of a student with an underlying language disorder which disrupts his ability to follow verbal instruction and routines, and which has obvious consequences for learning.

Students for whom these problems exist therefore may have *language disorders* in the speech pathologist's sense of the term. We are not talking here of students who do not have English as their first language, nor those who have specific disabilities such as severe hearing loss or specific reading disorders. Language disorder is not a simple diagnosis isolated from other problems. *Language disorders* (in the speech pathologist sense) and *learning disabilities* overlap. As many as 60 - 80% of students classified as having learning (reading) disability in the United States also have language disorders (*Reed, 1986*). However there are obviously some 20 to 40 percent who have reading/writing problems who do not have language disorders. It is also possible for students to have language disorders without reading/writing problems, although the higher the academic level, the less likely it is that language disorders can exist independently of academic problems.

Language disorders can exist when a student's first language is not the language of the school, although it can be difficult to diagnose. Cross-cultural language disorder is a fascinating topic in itself and needs more discussion than is possible here. For further reading, see *Hand (1991)*.

Case example 3 - David, Year 8

David comes from an Arabic speaking background but his mother says he has never spoken Arabic as well as his brothers and sisters do. She switched to English with him, but that wasn't any better. He speaks hesitantly in both languages, and often pauses for a long time, apparently searching for the right word, appears bewildered a lot of the time in class. His teacher had attributed this to his non-English speaking background.

About three to five percent of high school students are estimated to have learning disabilities and about the same proportion probably have language disorders. Three-quarters of these will be boys. These populations overlap, however the figures do not count those students who have academic difficulties due to other conditions which involve oral language (such as severe hearing loss or non-English speaking backgrounds). This means that high school teachers on average will have two or three students with language disorders in each of their classes.

Although speech pathologists are the profession with the most experience in language disorders, they are both thin on the ground and unable to be the only agents needed to deal with such problems. Communication disorders of all types need to be handled at the coalface as well as in specialist locations if treatment is to be effective. Hence, teachers need to be involved.

Teachers also need to be informed about language disorders for their own benefit - understanding and dealing with problems of student learning is central to the work of a classroom.

How to spot students with language disorders

It is clear from the discussion so far that language disorder may not look like language disorder in the first instance. Communication is an active, interactive process, and a history of poor verbal skills can lead to an adolescent who is frustrated, unsuccessful, unhappy and unpopular. Social skills are inseparable from verbal skills. It is very important for high school students to be popular with their peer group, and to do so they need to be good at jokes, verbal banter, teasing, chatting up, verbal conflict, self-justifications, excuses and variety of other complex verbal comprehension and expressive language skills. When they are not good at these things, they are at risk of developing social and emotional problems.

We all judge others by how they interact with us. We judge people negatively in terms of their abilities, personality, character and/or behaviour if they communicate poorly with us. The '*rude*', '*stupid*', '*irritating*' person (in our judgement) is often so judged because of the way they talked to us, or responded when we talked to them. It is not surprising therefore that the surface manifestations of language disorders are often interpreted as behaviour, personality, and attention disorders. This can be seen in all the case examples, including Marie (below).

Case example 4 - Marie, Year 10

Marie has a history of school failure and is very withdrawn. She seems reluctant to speak in class, and when she does her sentences are short and simple or poorly constructed. She often shrugs and appears to not know how to put things. She swears often, at both peers and teachers and refuses to do things in class. She has low self-esteem and few friends, and the school regards her as a behaviour problem.

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The signs of language disorder found in the oral language itself are many and varied (see Table 1). Common signs relate to problems of knowing the '*right*' thing to say, due to uncertainty of the rules of appropriate communication or from problems with the actual words and grammar of the language. No one sign in Table 1 is itself necessary or sufficient for a diagnosis of language disorder - indeed, some of them are inherently contradictory, such as '*reluctance to speak*' and '*empty*' talkativeness. However, some students will show one behaviour in one context (such as the classroom) and the opposite in another time and place (such as home). Most students with language disorders have a cluster of signs.

Table 1
Signs of language disorder in high school students

Problems with speaking and listening

- seems unable to follow verbal instructions;
- reluctant to speak;
- talkative, but talk contains little real substance;
- tells stories badly;
- more grammatical errors than peers;
- stereotypes - cliches and overuse of certain words and phrases. May use a lot of slang and swear words - vernacular language;
- problems explaining the whys and wherefores of things - can't put the complex grammar together;
- only deals well with concrete and here-and-now matters. Abstract language and ideas are very problematic;
- taking a long time to respond, problems processing the information;
- shows word finding difficulties; uses lots of '*ums*' searching for words, lots of fillers e.g. '*you know*', '*it's the, oh the, that, um*', and non-specific words, e.g. thing, '*that*', '*stuff*';
- doesn't follow jokes, puns, sarcasm, metaphors. Takes ambiguous language seriously;
- says the wrong thing at the wrong time in the wrong tone of voice, can't hold a conversation following normal expectations;
- doesn't pick up non-verbal cues, such as facial expressions or gestures - doesn't know when people want to end a conversation or doesn't recognise the emotional content of people's talk;

Problems with school work

- can't complete homework;
- participation in class discussion is badly handled or non-existent;
- has trouble gaining information from class lectures and from books;
- following the rules of the classroom is inconsistent or does not understand them or the need to follow them;
- poor at tests;
- can't explain what the problem is, or give reasons and excuses for failure or behaviour;
- has trouble with the school routines - can't remember the timetable, loses the rooms, can't use a diary well and is poor at working independently;
- concentration and attention appear poor.

Behavioural Problems

- poor self-esteem;
- problems making and maintaining friendships;
- lost motivation, cumulative sense of failure;
- depression, anger, frustration, withdrawal, aggression;
- reluctance to participate, including in remedial work;
- inappropriate coping mechanisms, eg. bullying, clowning, copying (cheating), delinquency and truancy.

Sources: McKinley & Larson, 1990: NSW Department of School Education, 89; Bashir, 89; Buttrill et al, 89.

Not all the school work and behavioural problems from Table 1 (above) that are seen in high school students would be a result of language disorders, as clearly there is a variety of potential causes for these behaviours. However, rarely are language disorders considered as a possible reason, and therefore some students will be missing out on the appropriate handling of their problems.

There seems to be two broad groups of students with language disorders in high school, one where language was always delayed and where there is likely to be a history of speech pathology involvement. The other group appear to develop early language reasonably well, but have problems with their oral language system that are not uncovered until forced by the higher level demands of school and literacy.

One useful indicator of language disorder is the presence of verbal IQ scores significantly lower than performance IQ scores. Not all intelligence tests make this distinction, but the WISC does (see Case example 1, above).

What can be done in the classroom

School counsellors, special education teachers and - if you have access to them - speech pathologists - should be contacted if there is a suspicion of language disorder in high school students. However, even if such resources are available, they have no magic solutions.

There are a number of good reasons why it is appropriate for classroom teachers to consider themselves agents of change with language disorders.

First of all, such students are likely to be disruptive in class, and therefore need to be dealt with in some way.

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Secondly, they are likely to be failing academically, therefore to be an educational problem for the teacher.

Thirdly, change in communication patterns is something which can only really be done, in any lasting way, in the real situation. In other words, students learn best in the classroom how to cope in the classroom.

A fourth reason is that such help need not involve special programs, one-to-one time, or an extra load to the knowledge base and teaching demands of the class. Modification can be in terms of teacher talk and in classroom tasks. Tables 2 and 3 outline some ideas for these. More are available, in the list of further reading at the end of the article.

Table 2 : Modifying teacher talk to assist students with language disorders

" School has been called a verbal game, and those who know the rules and play the game can succeed" (*Bashir, 89*). Students in high school have been estimated to spend *"75-90% of their day receiving information in the form of lectures, discussions, AV activities and student reports"* (*Brent, Gough and Robinson, 90*). Teachers can make this more successful for students with language disorders by use of the following strategies.

- Request feedback; (this can be very illuminating, and may be done routinely of all students, the following are examples of ways to do it):
  - ask students if they can follow the content and the speed with which it is being presented;
  - ask the class to write down (anonymously) what they thought the point was of a lesson, and hand it in. Check for common misunderstandings and give feedback at the next lesson;
  - ask the class to write a question for one thing they didn't understand of a lesson or exercise. Check as above;
  - ask random selections of students what was easy and what was hard in a lesson or exercise, and why they thought it was so.
- If there are problems with speed or content, try one or more of the following:
  - repeat the instructions;
  - restate, emphasising key points;
  - slow the rate of presentation;
  - use shorter units of explanation;
  - allow students more time to process, organise and structure a response;
  - limit the amount of material.
- Encourage and reward students' seeking help and clarification.
- Be prepared to consider that what appears to be inattention or non-compliance may be incomprehension, and that a history of it may have led a student to adopt maladaptive behaviours.
- Limit the amount of new vocabulary presented at any one time.
- Provide visual cues and concrete materials to assist learning and remembering. Use for illustration, emphasis and development of ideas.
- Use gesture and / or action (your own and theirs) to enhance the meaning of verbal material. Body movement enhances learning in some students.
- Encourage and use a variety of memory strategies, such as mnemonics, charts and visuals, rehearsal, reward schedules for incremental increases in performance.
- Avoid sarcasm, ambiguity, and explain and restate metaphorical language. Be aware that abstract ideas and language may be problematic and restate.
- Use direct rather than indirect instructions, e.g. *"stop talking"* rather than *"I didn't hear Warren because some people were talking."*
- Evaluate learning styles, and be prepared to use a variety of strategies, e.g. some students may respond better to a story told, than a story read, or visual rather than auditory causes, such as a chart of ideas with arrows versus a mnemonic.

Table 3: Modifying classroom work to help students with language disorders

Some of these ideas are 'good' teaching practices, some for whole class consumption and some are specific to students with language disorders. Much is also identical with sound advice for classrooms or other environments involving students from non-English speaking backgrounds.

Making things explicit

- Provide clear written instructions for assignments and projects.
- Be direct and explicit re classroom rules. Don't enforce with sarcasm.
- Explain the purpose of activities - some will not correctly infer them - and present new tasks in small steps.

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- Provide a list of vocabulary for a new topic and check students' understanding. Personal dictionaries with topical vocabulary can be useful for a student who can't retain material.
- Emphasise information that it is important to learn.
- Explicitly teach study skills for the subject concerned (it is more effective when tied to the content being studied). Explicitly teach note taking and time management, and use organisational systems with the whole class e.g. diaries, buddy systems, keeping lists of subject requirements in lockers, communication books between home and school, etc.
- Provide models, good essays/assignments etc, good strategies used (make them real ones).
- Write more on the board, this effectively slows presentation, allows time to process and reinforce information, and it is there for longer.

Ensure students complete tasks without experiencing failure

- Teach students with difficulties to compile lists of significant facts, details or information, and order them according to headings. Use memory strategies (such as cards with key words) for learning these.
- Students with language disorders often have difficulty with reading and writing. It may be desirable to negotiate with them other ways of collecting and presenting information; e.g. tape recording.
- Encourage peer group contact and acceptance. Peer Assistance one to one, when carefully planned, can be helpful, as can making a whole class project out of getting everyone through the tasks, using positive rewards.
- Provide a private negotiation time with the student.
- Negotiate with the student the amount of work appropriate for them.
- Set untimed tests and exams.

The wider view

- Emphasise metalinguistic skills, explicitly comment on the language used and how it works, and the effects that communicating in a certain way has on listeners, without pejoratives about '*right*' and '*wrong*' ways - develop '*critical language awareness*' (*see Fairclough, 1992*).
- Routinely talk with significant others, parents, special education teacher, speech pathologist, counsellor etc when students have problems.

Sources: McKinley & Larson, 1990; NSW Department. of School Ed, 1989; Bashir, 1989; Buttrill et al, 1989.

Case example 5: Intervention

A year 7 history teacher modified the written instructions for a class assignment from basic to very specific ones including choices of ways to go about it. The class in discussion worked out timelines for this assignment and entered them in their diaries. The teacher then introduced the topic using lots of visual aids to emphasise points of importance. In class discussion, the material was summarised by breaking it down into small sections, and a simple typewritten list of new vocabulary was handed out. As a feedback exercise at the end of the lesson, students handed in written questions asking for clarification of concepts they had trouble understanding. The teacher used these when preparing for her next lesson.

Joe, a student with reading and writing problems, then had a private negotiation time with the teacher to work out alternative assessment criteria for his assignment. Instead of writing about a Roman village, it was decided that he would build an accurate and detailed model of one. Joe than met with his '*buddy*' (a class rostered buddy system has been organised) who was to help with the library and research tasks for the assignment. Joe met with his woodwork teacher to organise his materials and techniques, and to arrange cross-credit for this project to that subject. Joe also undertook to investigate the possibility of gaining a credit in English by delivering an oral presentation about his project.

Some conclusions

Language disorders are devastating enough to young school age children but if the problems are carried into adolescent years the results can be even more disastrous. "*Related problems of learning compliance, and social adjustment increase, while peer relationships, and academic success plummet*" (*Nelson, 1991, p. 75*). Consequences for later life are clear; as Reed (*1986, p. 229*) put it; "*a persisting language disorder potentially limits an individual's opportunities for personal, vocational, and economic self-realisation. The problem is not only the individual's however; it is also society's problem. Since undereducation and underemployment are common results of a language disorder, valuable human resources and contributions are wasted*".

As we have seen, it is easy to misinterpret language disorders in high school students. Appropriate assessment and intervention involving a speech pathologist is, in an ideal world, essential for all students with language disorders. However, it is not necessary for classroom teachers to have a definite diagnosis or to be able to produce one, in order to use the ideas in this article. Whatever the causes of the academic failure and the social and emotional behaviour seen in these students, the suggestions given in this article will be helpful. It is only necessary to be prepared to consider the possibility

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that language disorders may underlie the perceived problems and then to be prepared to see that helping them is an appropriate educational responsibility that, when taken, can achieve something effective. Most of the actual practices suggested appear in conventional educational materials designed usually to maximise learning for all students. This article gives a major reason for utilising them and a context for their significance.

Further reading

General introductions to language disorders

Hand, L (1993) *Communication Disorders* in A. Shuman & J. Elkins (eds) ***Educating children with special needs*** (2nd edition) Sydney; Prentice Hall.

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Classroom intervention ideas

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Hand, L (1991) *Bilingualism; Everything you ever wanted to know but were afraid to ask (well...almost everything).* ***Australian Communication Quarterly***, Summer 1991. P 8-12.

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